

RESEARCH ARTICLE

# Using Ecological Momentary Assessment to Investigate Short-Term Variations in Sexual Functioning in a Sample of Peri-Menopausal Women from Iran

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## Abstract

The investigation of short-term changes in female sexual functioning has received little attention so far. The aims of the study were to gain empirical knowledge on within-subject and within- and across-variable fluctuations in women's sexual functioning over time. More specifically, to investigate the stability of women's self-reported sexual functioning and the moderating effects of contextual and interpersonal factors. A convenience sample of 206 women, recruited across eight Health care Clinics in Rasht, Iran. Ecological momentary assessment was used to examine fluctuations of sexual functioning over a six week period. A shortened version of the Female Sexual Function Index (FSFI) was applied to assess sexual functioning. Self-constructed questions were included to assess relationship satisfaction, partner's sexual performance and stress levels. Mixed linear two-level model analyses revealed a link between orgasm and relationship satisfaction ( $\text{Beta} = 0.125$ ,  $P = 0.074$ ) with this link varying significantly between women. Analyses further revealed a significant negative association between stress and all six domains of women's sexual functioning. Women not only reported differing levels of stress over the course of the assessment period, but further differed from each other in how much stress they experienced and how much this influenced their sexual response. Orgasm and sexual satisfaction were both significantly associated with all other domains of sexual function ( $P < 0.001$ ). And finally, a link between partner performance and all domains of women's sexual functioning ( $P < 0.001$ ) could be detected. Except for lubrication ( $P = 0.717$ ), relationship satisfaction had a significant effect on all domains of the sexual response ( $P < 0.001$ ). Overall, our findings support the new group of criteria introduced in the DSM-5, called "associated features" such as partner factors and relationship factors. Consideration of these criteria is important and necessary for clinicians when diagnosing FSD.